2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # N99000007023

1. Entity Name
OAK STRAND AT THE BROOKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 8910 TERRENE CT STE. 200 BONITA SPRINGS, FL 34135		Mailing Address 8910 TERRENE CT STE. 200 BONITA SPRINGS, FL 34135									
2. Principal Place of Business - No P.O. Box # 3. M		. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			O-1	1042007	Chg-NP	CR2E	037 (12/06)		
City & State			City & State			4.	FEI Numbe 59-3633				plied For at Applicable
Zip Country		Zip Cou		гу	5. Certificate of Status			itus Desired \$8.75 Additional Fee Required			
	6. Name and Addr	ess of Current Regi	stered Agent			7.	Name and	Address of Nev	v Registered	l Agent	
WEIDNER	, RALPH L			Ĺ	Name						
C/O GULF BREEZE MGMT. SVCS. OF SW FL 8910 TERRENE CT			FL,LLC	LC Street Address			s (P.O. Box Number is Not Acceptable)				
	PRINGS, FL 3413	35								T	
			purpose of changing its		City				FI	-	
	lions of registered agen	t.				e required when	.==		DATE		
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	Filing Fee is \$61 Due by May 1, 2		9. Election Carr Trust Fund C			Add ∟	.00 May B ed to Fees	F	lorida Depa	ck payable to artment of St	tate
10.	Due by May 1, 2		Trust Fund C			Add L	ed to Fees	ANGES TO OFFI	CERS AND D	artment of SI	tate
TITLE	OFF	007	Trust Fund C	11.		Add L	ed to Fees	ANGES TO OFFI	CERS AND D	artment of SI	tate
TITLE	PD MOGILLEN	007 FICERS AND DIRECT	Trust Fund C	11. TITLE NAME).	Add L	ed to Fees	ANGES TO OFFI	CERS AND D	artment of SI	tate
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an appress, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

RICHARD L. WINES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR